

Irrationalities in Health Care Delivery

IT IS TIME THAT SOME INHERENT irrationalities in health care delivery be recognized and that a more realistic and substantive effort be made to accommodate them in the proposals that are being made to improve health care services. These irrationalities are reflected in some inconsistent and at times mutually exclusive solutions which are being advocated by responsible authorities. For example, on the one hand the medical profession is being urged to return to something more like the traditional practice of yesteryear with the emphasis on family physicians readily available to patients wherever they are, while at the same time and sometimes by the same people it is being pressured to form closely knit groupings of specialized physicians around a hospital center as a well-defined "health maintenance organization." Or again, while the national rhetoric calls for a single level of high quality care for all, there are major efforts to encourage the training and licensing of many kinds of new professionals who will perform many similar or identical services with different degrees of training, a situation which will inevitably create multiple levels of quality. And while the general complaint is that medical care is becoming too impersonal or "dehumanized," there is a call, even a clamor, for more organization, more efficiency and more cost effectiveness which, if it can be achieved to the extent thought needed, will hardly improve either personalization or "humanization" in health care. These can be said to be not only inconsistencies but irrationalities. However, they all reflect a much more basic inconsistency.

There appears to be a very fundamental inconsistency between science which is inherently

rational and efficient, and human nature and human society which theoretically tries to be rational but simply is not. Just as biochemistry in nature—and this includes the biochemistry of human beings—always seeks the most economic and efficient means to its end, so generally does all science and technology. But the decision-making behavior of human beings and their democratic societies is something quite different. It tends to be emotional, it is often irrational and all too frequently anything but efficient. This inconsistency of rational scientific and irrational human components appears to be a basic and unresolved dilemma of modern medicine and modern society, since both depend not only upon science and technology, but upon human behavior in the essential decision-making. This appears to be the root of many, if not most of the irrationalities in health care delivery.

Human decisions are and always will be major components of medical and health care. They are made by patients, physicians, committees, governments, the public and many others, and there will always be irrationalities in many of these decisions. The question of how long a patient should remain in a hospital and the attempts to rationalize this for purposes of payment point up the kind of problem. While a "scientific" decision made by a programmed computer would be rational and efficient in its own terms, it would generally fail completely to satisfy the realities of a specific human situation or the people involved.

All of this suggests that the irrationalities inherent in human behavior must be taken into more account than is the case at present if there is to be much more rationality, system or satisfaction in health care delivery. This has so far not received the attention it deserves from those who seek to improve the health care system.

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